



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

New Change Cancel	Vendor Code	SC	Dent.	A	Contract Number
County Department Public Health		Dept. Orgn. PHL		Contractor's License No.	
County Department Contract Representative Betty Ansley		Telephone 387-6302		Total Application Amount \$50,000	
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input checked="" type="checkbox"/> Other: Application					
If not encumbered or revenue contract type, provide reason: _____					
Commodity Code		Contract Start Date		Contract End Date	
Original Amount		Amendment Amount			
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.
Amount					
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.
Amount					
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.
Amount					
Project Name High Risk Infant			Estimated Payment Total by Fiscal Year		
FY	Amount	I/D	FY	Amount	I/D
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CONTRACTOR _____

Federal ID No. or Social Security No. _____

Contractor's Representative _____

Address _____ Phone _____

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is a grant application to the California Endowment, in the amount of \$50,000 for head lice training and education, for the period September 1, 2004 through March 31, 2006.

Within its application, the Department proposes to develop, reproduce and distribute a head lice training video to educate parents and school staff on the prevention and treatment of head lice outbreaks. The video will be produced in both English and Spanish. Additionally, school staff will receive direct training regarding head lice. A brochure will be developed, in English and Spanish, for distribution to parents, and head lice products will be purchased for distribution to schools that have a larger ratio of low-income families. All grant activities will be conducted by current department health education staff.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink) County Counsel	Reviewed as to Contract Compliance Department Head	Presented to BOS for Signature Department Head
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Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database <input type="checkbox"/> FAS	
Input Date	Keyed By